COLORADO
Department of Health Care Policy & Financing

MINUTES OF THE MEETING SUMMARY FOR THE ACC Program Improvement Provider & Community Issues Subcommittee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Building A, Room A2A

August 11, 2016
8:05 A.M. – 9:30 A.M.

1. Introductions

A. In-person Attendees

Todd Lessley (Salud), Brenda VonStar, Tonya Bruno (KP), Emily Berry (HCPF), Matt Lanphier (HCPF), JD Belshe (HCPF), Marija Weeden-Osborn (CCHN), Ken Soda (CCHA), Greta Klingler (CDPHE), Rich McClean (AHA), Janet Rasmussen (Clinica), Abby Worthen (CDPHE), Amy Harder (CCCC), Lesley Reeder (RMHP), Josh Ewing (CHA), Shannon Breitzman, Jason Brabson, Cyndi Peiffer, Wendy Nading (TCHD), Rachel Hutson (CDPHE), Barbara Martin (CDPHE), Jon Meredith (HCPF)

B. Phone Attendees

Angie Fisher, Elizabeth Forbes, Alyssa Rose, Lori Cohn (RMYC), Jill Atkinson (CRC), Kate Hayes (PPRM), Josie Dostie (CCHA), Jessica Provost (ICHP), Heather Logan (MCPN), Jen Dunn (CRHC), Jennifer West (CCCC), Megan Cheever (KP), Matt Percy, Molly Markert (COA), Shera Matthews, Sophie Thomas (HCPF), Marceil Case (HCPF)

2. Announcements

There were no announcements this month.

3. Approval of Minutes

Minutes were motioned for approval and were approved as written.

4. Consumer Input/Client Experience

Todd Lessley: As a standing item, the committee is open up to community issues.

Jason Brabson: I have a new business in paratransit (Heart and Soul Paratransit). There is a huge need in Larimer and Weld Counties. Paratransit is a new field of non-medical transportation (NMT). It includes getting people with disabilities and seniors to necessary medical appointments, as well as quality of life rides. There's a ripple in the pond kind of effect, where vulnerable citizens miss appointments and return trips, and this can turn into a large cycle.

5. NEMT Transportation Workgroup

Lesley Reeder: I'm representing RCCO 1 in Larimer County. While I agree that Veyo (formerly Total Transit) is up there, it's not easily accessed by folks who need it, and not always in a timely manner.

Matt Lanphier: Today we'll be talking about the Transportation Workgroup and the need for possibly recurring meetings to talk with Veyo and Elizabeth Reekers-Medina, the NEMT Contract Manager at the Department. We sent out a Doodle poll and will plan to meet on a quarterly basis. Most people have already responded, and we're shooting for Tuesday, August 30th at 2pm.

Lesley Reeder: I'm going to push on this. Larimer is the only county in Region 1 with Veyo. I think it's great to have an open discussion. What are the goals?

Matt Lanphier: Based on the discussions here, people don't know where to take their transport concerns. The goal is to have a formalized venue to get responses and have questions heard. Elizabeth will be there for counties who don't have Veyo.

Molly Markert: I want to acknowledge the voices recognizing that transport is the entry of medical care. This service is part of the medical experience. Different people working on different parts of the equation would report back here. I do see the workgroup as accomplishing things.

Brenda VonStar: Would it be helpful to have some other vendors attend meetings? RTD, other transport vendors/workgroups/agencies?

Molly Markert: Very much so. A starting point is looking into new legislation that we were supporting this last legislative session. It opens up new vendors. We haven't changed the Medicaid benefit, but it is possible to create new member service options. We don't know who's not there who's not there; for example, a local cab company in rural areas. We can pool our brains. If you know someone who should be at the group, let Matt Lanphier know so he can reach out.

Jason Brabson: One thing I've noticed in most of the legislation is that the quality of service isn't recognized. It's important to train people in working with patients with dementia, special needs, and hidden needs. There is no regulation around this.

Todd Lessley: Is there room for other entities to come in and bill Medicaid?

Matt Lanphier: No, providers in the broker area must contract with Veyo.

Rich McClean: Asian Pacific Development Center (APDC), Metro Community Provider Network (MCPN), and other agencies have worked with Veyo. They can address what's working and what really is falling down very badly.

6. eConsult Update

JD Belshe: The idea of the eConsult program is to connect primary care providers with specialty care providers. We're running a test group with rheumatology specialists. The test group has been up for several months, and we'd like to grow it now. The aim of the test group is to provide awareness, set up calls, and work with provider clinics. Some clinics have an eConsult background, while others have none. This test group will run a bit longer, and we have extra space if a clinic wants to get involved. The only requirement is that the clinic needs CORHIO access, and then complete a one-hour training. We will designate key leaders in the clinic, many of whom are usually care coordinators. In the eConsult system, providers aren't actually leaving EHR. The system is capable of transitioning into a referral. It's a fairly simple program with guidelines. Our goal is to test and grow the eConsult program, not change the system. Reimbursement for each eConsult is $10 for primary care and $20 for specialty care. It's very easy to get involved.

Rich McClean: How does the system work with other systems?

JD Belshe: In the CORHIO system, all pieces attach. It's HIPAA compliant and easy for the primary care clinic to attach or copy/paste. If there are further questions, the system can respond, not in real time, but pretty quickly. Rheumatology is high needs, but not high volume, and this can address the gap. It can open up additional space for in-person visits.

Marija Weeden-Osborn: What are the response rates?

JD Belshe: We are requiring two days to accept/decline and five days for a complete response. We are setting looser guidelines for the test group, but seeing quicker responses than that. Generally, it's been two days for a full response.

Todd Lessley: How easy is the EHR integration?

JD Belshe: It is an integrated single click sign-on. You can also invest in having CORHIO link inside, click on that, and it would automatically sign in. We're trying to work into existing systems.

Rachel Hutson: What's your time frame for the pilot?

JD Belshe: We want to give it enough time for adjustment. The evaluation period is around six months. We will adjust the process, but we don't anticipate extending on that.

Rachel Hutson: How will you expand to other specialties?

JD Belshe: We started this process over a year ago when 230 providers responded to a survey, we got a list of specialties, looked at claims data, and worked with the RCCOs. The narrowed list is 26 specialties, and there are broad ideas about where they are on the list. When the system is ready to launch, we would start with rheumatology across the state and grow from there by bringing in specialty groups and community.

Josh Ewing: There is an Interstate Medical Licensing Compact this year. Have you thought about expanding based on need?

JD Belshe: There is positive progress with interstate licensure, but there is a concern about what we'd potentially gain.

Lesley Reeder: What's the specialty interest in uptake?

JD Belshe: We thought that primary care would jump right in and that it would be harder for specialty, but it's been the opposite. Specialists see efficiency in the system. Overall, I think both are excited about the potential.

JD Belshe's information was sent out to the group. Those who are interested in the eConsult program should contact him at JD.Belshe@state.co.us.

7. COMMIT Update

Jon Meredith: It's getting closer to go-live. I'm going to run through the highlights, what we're doing, and the training coming up. COMMIT is a project to implement a new Medicaid Management Information System (MMIS) in Colorado.

There are three parts to COMMIT:

1. interChange: Claims and encounter system where we make payments. Hewlitt-Packard Enterprise (HPE) is the vendor.
2. Pharmacy Benefit Management System (PBMS): That's where the pharmacies can check eligibility and get paid. Magellan is the vendor.
3. Business Analysis and Data Management system (BIDM): This will be through Truven, which is owned by IBM.

I'd be remiss if I didn't tell you how important it is for your providers to revalidate. I just want to make sure everyone knows how important that is.

Marceil Case: Our system will go live on October 31st. What needs to happen is that providers must be in the system and working toward that date. If they wait until September, they will not be revalidated in time for go-live, and they will not get paid. That's a hard deadline. If you're not fully enrolled in the system, you won't get paid. Hold onto your claims.

You can only add Managed Care Organization (MCO) affiliation after go-live if it has already been approved. Affiliation with an MCO does not affect payment. They can change their affiliation after the system goes live.

Providers need to read the instructions and do the training. Make sure that the W9 form is signed, the address on insurance matches, etc. This requires the same level of detail as on IRS forms.

Jon Meredith: On October 31st we will go-live with interChange claims and encounters, PBMS, and most of the BIDM system that relates to federal reporting. What does this mean for you? The vendors are preparing training starting on October 3rd. None of the external functions of BIDM will go live on October 31st. What does this mean for the RCCOs and the data you receive? We're working with Truven on that now, until Truven integrates the SDAC into their system. Truven will be conducting a road show, and the date will be announced after the contract amendment is signed in approximately two weeks.

The new BIDM is significantly more robust than SDAC. Slide 4 gives an idea of how complicated BIDM is. There is going to be much more information in the BIDM than in the past. There will be all types of data sources, tools to manipulate information, etc. It will feed information out to external data partners. The BIDM is expected to be fully functional December 2017.

Matt Lanphier was able to confirm that if a provider is not active come go-live, their attributions will be lost. Those attributions will then go into the unattributed bucket for a month or so, and then will be attributed to the provider with the next strongest relationship if the original provider is not enrolled.

The URL for the Department's main provider resource page is: https://www.colorado.gov/hcpf/provider-resources.

All interested providers can sign up for the targeted email implementation updates: https://docs.google.com/forms/d/e/1FAIpQLSc-bF4sSFIhW_5CuQfJU1Hp4yyeA56FCcANUlEzO2q01OiQOw/viewform?c=0&w=1.

8. SIM Update

Barbara Martin: The goal of SIM is to support integration of behavioral and physical health with a focus on the quadruple aim. There are four pillars (Payment Reform, Practice Transformation, Population Health, HIT) and within each there are four streams (Consumer Engagement, Policy, Workforce, Evaluation). Today the focus will be on Practice Transformation and Payment Reform.

SIM is a behavioral health pilot with bidirectional support. Currently, we are preparing to launch the application for Cohort 2. Slide 4 is a quick snapshot of practices in Cohort 1. 30% of practices served pediatric patients. Slide 5 gives a breakdown of affiliations based on system. Colorado Springs Health Partners dropped out of SIM, but everyone else is still engaged. Slide 6 gives a snapshot of where the practices reside, which is 30% rural. We have work to do to touch all four corners and better distribute across the state. There is more data on the website: http://www.practiceinnovationco.org/sim/.

Practice Transformation support is a big component. This is funded by grant dollars, and the total Practice Transformation Fund is to be distributed across all SIM cohorts. Practices are getting payment support and access to different tools and resources, such as alternative payment models, practice facilitators, and business consultation. For the first cohort, 40% of the practices had at least 3 payers supporting them, and all practices had at least 1 payer (Slide 7). Medicaid is supporting 92 of the practices. There will be practice participation payments ($5,000) and competitive small grants for practices (up to $40,000) (Slide 8).

How do we align opportunities so they are coordinated and help us move forward toward being driven by quality and not volume? CMS helps drive innovation through various federal initiatives. We can't have one massive initiative in Colorado, because we are piloting different programs to see what works and what doesn't. The Colorado Initiative Alignment chart on Slide 10 provides a sense of environment and alignment across the different programs around the state.

- Evidence Now Southwest (AHRQ): Provided funding for Regional Health Connectors and built the foundation for transformation support
- SIM (CMS): 4-year initiative focused on evidence-based partnerships
- TCPi (CMS): Additional opportunity for technical assistance to prepare providers for alternative payment models. Majority of providers are specialists.
- CPC+ (CMS): Multi-payer approach focused on primary care

Integration of behavioral health is a guiding principle of SIM, but not necessarily CPC+. In order to align with practices who want to do both SIM and CPC+, a multi-

stakeholder approach is necessary for meaningful change and practice transformation.

The current timeline is on Slide 11. For SIM, initial practices were on-boarded in February. The application for Cohort 2 is opening soon, and Cohort 2 practices will be selected this fall.

Next steps (Slide 13): Federal Qualified Health Centers and Rural Health Centers are not eligible for CPC+, so we would like to attract them to SIM. There is a focused effort on FQs, RHCs, and pediatrics.

There is a Medical Home Community Forum on September 13th, 4:30-6:30pm. CMS is leaving it to the states to figure out how to fit this all together, because each state is different.

9. New Charter and Focus Areas

In the charter, Matt Lanphier updated the voting membership list based on the group's conversation at the last meeting. There was a reminder to make sure that the Chairs and meeting schedule are accurate.

The committee focus areas will be discussed at PIAC this month. This subcommittee's areas of focus are:

- Attribution
- Transportation
- Specialty Care
- COMMIT
- Behavioral Health Integration
- Ongoing monitoring of revalidation and network capacity issues

Next meeting: 9/8/16, 8:05am – 9:30am

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Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Emily Berry at 303-866-6495 or Emily.Berry@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.